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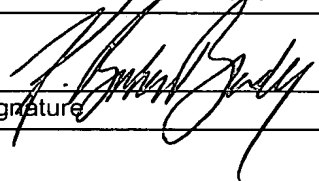
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UTILITY PATENT APPLICATION TRANSMITTAL UNDER 37 C.F.R. § 1.53(b)

Attorney Docket Number	50308/009002
Applicant	Müller-Hermelink et al.
Title	NEOPLASM-SPECIFIC POLYPEPTIDES AND THEIR USES
PRIORITY INFORMATION:	
This application is a continuation-in-part of international application number PCT/DE02/02699, filed July 23, 2002, which, in turn, claims the benefit of German application numbers DE 101 36 009.6, filed July 24, 2001, and DE 102 10 425.5, filed March 9, 2002, the disclosures of which are hereby incorporated by reference.	
SMALL ENTITY STATUS:	
<input checked="" type="checkbox"/> Applicant claims small entity status under 37 C.F.R. § 1.27.	
APPLICATION ELEMENTS:	
Cover sheet	1 page
Specification	72 pages
Claims	8 pages
Abstract	1 page
Drawings	20 sheets
Combined Declaration and Power of Attorney, which is: <input checked="" type="checkbox"/> Unsigned; <input type="checkbox"/> Newly signed for this application; <input type="checkbox"/> A copy from prior application [**SERIAL NUMBER**] and the entire disclosure of the prior application is considered as being part of the disclosure of this new application and is hereby incorporated by reference therein.	2 pages
Sequence Statement	0 pages
Sequence Listing on Paper	0 pages
Sequence Listing on Diskette	0 disk
Preliminary Amendment	0 pages
Information Disclosure Statement	0 pages
Form PTO 1449	0 pages
Cited References	0 references
Recordation Form Cover Sheet and Assignment	0 pages

English Translation	0 pages
Certified Copy of Priority Document	0 pages
Non-publication Request under 35 U.S.C. § 122(b).	0 pages
Request for Deferral of Examination under 37 C.F.R. § 1.103(d)	0 pages
A Small Entity Statement	0 pages
Return Receipt Postcard	1
FILING FEES:	
Basic Filing Fee: \$770/\$385	\$385.00
Excess Claims Fee: (57-20) 37 x \$9	\$333.00
Excess Independent Claims Fee: (9-3) 6 x \$43	\$258.00
Multiple Dependent Claims Fee: \$290/\$145	\$0.00
Total Fees:	\$976.00
<input checked="" type="checkbox"/> Enclosed is a check for \$976.00 to cover the total fees. <input type="checkbox"/> Charge [**AMOUNT**] to Deposit Account No. 03-2095 to cover the total fees. <input type="checkbox"/> The filing fee is not being paid at this time. <input checked="" type="checkbox"/> Please apply any other charges or any credits to Deposit Account No. 03-2095.	
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